



Federation of Ontario Cottagers' Associations



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COMMERCIAL GENERAL LIABILITY (CGL) APPLICATION

TO BE COMPLETED BY ROAD ASSOCIATIONS

Please print clearly

SECTION A

NAME OF ASSOCIATION _____

PRIMARY CONTACT NAME: _____
TEL: _____
FAX: _____
E-MAIL _____

MAILING ADDRESS: _____
_____ **POSTAL CODE** _____

ADDITIONAL CONTACT NAME: _____
TEL: _____
FAX: _____
E-MAIL _____

MAILING ADDRESS: _____
_____ **POSTAL CODE** _____

Is your Association Incorporated _____ Yes _____ No

Location of Roadway: _____
(Township/Town/Village) _____

FOCA Membership _____ Yes _____ No

FOCA Member Association Name _____

Number of Property Owners using Private Road _____

REQUIRED LIMIT OF LIABILITY

	CGL	D&O
_____	\$3,000,000.	_____ \$3,000,000.
_____	\$5,000,000.	_____ \$5,000,000.

NOTE:

If D & O Coverage required: Complete Application for Non-Profit Directors & Officers Liability

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SECTION B -Please complete supplementary information required where denoted as 1(See attached sheet)

<input type="checkbox"/> Baseball Games	<input type="checkbox"/> Lake Steward	<input type="checkbox"/> Post Office (*1*)
<input type="checkbox"/> Canoe Events	<input type="checkbox"/> Water Testing	<input type="checkbox"/> Public Dock (* 1*)
<input type="checkbox"/> Tennis Court	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Swimming Classes(* 1*)
<input type="checkbox"/> Cottage Watch	<input type="checkbox"/> Picnics	<input type="checkbox"/> Water Control Dam (*1*)
<input type="checkbox"/> Craft/Yard Sales	<input type="checkbox"/> Regatta	<input type="checkbox"/> Fire Works Display (*1*)
<input type="checkbox"/> Fishing Tournament	<input type="checkbox"/> Sailing Club	<input type="checkbox"/> Fire Fighting (* 1*)
<input type="checkbox"/> Golf Tournament	<input type="checkbox"/> Rock & Shoal Markers	<input type="checkbox"/> Children’s Day Camp (*1*)
<input type="checkbox"/> Hall Rental	<input type="checkbox"/> Student Workers	<input type="checkbox"/> Ski & Snowmobile Trails (*1*)
<input type="checkbox"/> Lake Map		<input type="checkbox"/> Property Owned (*1*) May require Land Owner application
<input type="checkbox"/> Dances		<input type="checkbox"/> Private Roadways

Provide full details where Activity is marked above with asterisks

SECTION C - PRIVATE ROADWAYS

Number of Km of road(s) _____ Is the road plowed in the winter _____ Yes _____ No

If Yes – By Independent Contractor _____ Yes _____ No. Do you have proof of insurance _____ Yes _____ No

If not, provide information on whom is responsible for snow removal and nature of and ownership of equipment used.

- Is the road on Private Land _____ Municipal Land _____ Crown Land _____
- Is the road signed “ Private Road – Restricted Access” Yes _____ No _____ or describe other signage _____
- Do you have a culvert in excess of 60 “ in diameter Yes _____ No _____ # _____
- Do you have a bridge or causeway over water in excess of 10 ft. Yes _____ No _____ # _____
Please include photos of bridge including approaches at both ends of bridge.

If yes, you may be required to provide an engineer survey with pictures to certify bridge

SECTION D - PRIOR INSURANCE COMPANY

Name of Insurance Company _____

Policy Number _____ Policy Term _____ to _____

COVERAGE LIMITS

EXPIRING POLICY PREMIUM

CGL Liability _____

Directors & Officers _____

SECTION E - LOSS HISTORY

Date of Loss

Amount Paid

Type of Loss

1. _____

2. _____

3. _____

4. _____

5. _____

DECLARATION

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. Signing of this document does not bind the Applicant or the Insurer to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

SIGNED, SEALED AND DELIVERED this _____ day of _____

Association

Duly Appointed Representative

